

# Exhibit A

UFC Fighter Class Action Administrator  
 c/o Angeion Group, LLC  
 1650 Arch Street, Suite 2210  
 Philadelphia, PA 19103

**SUBMISSION DEADLINE:**

**RECEIVED BY**

**June 16, 2025**

## UFC FIGHTER CLASS ACTION PERSONALIZED CLAIM FORM

This is an **important court-ordered document** in  
*Cung Le, et al. v. Zuffa, LLC d/b/a Ultimate Fighting Championship and UFC,*  
 United States District Court for the District of Nevada, Case No. 2:15-cv-01045-RFB-BNW

*A federal court directed that this Claim Form be issued.  
 This is not junk mail, not an advertisement, and not a solicitation from a lawyer.*

**<<BARCODE>>**

Claimant ID #«Claimant\_ID» - «Sequence»

«Name\_1»

«Name\_2»

«Address\_1»

«Address\_2»

«City», «State» «Zip5» «Zip4»

Compensation records maintained by the UFC indicate that you are a member of the Class in this Action and may be eligible to receive payment from the Settlement with the UFC. You must be a member of the Class to be eligible to file a Claim Form. The Class is defined as:

All persons who competed in one or more live professional UFC-promoted mixed-martial arts (“MMA”) bouts taking place or broadcast in the United States from December 16, 2010 to June 30, 2017 (the “Class Period”).

The Class excludes all persons who are not residents or citizens of the United States unless the UFC paid such persons for competing in a bout fought in the United States. Members of the Class are referred to as “Class Members.”

The UFC has provided to Co-Lead Class Counsel the total compensation that the UFC paid you for your qualifying UFC-promoted MMA bouts during the Class Period as well as the number of qualifying UFC-promoted MMA bouts in which you participated during the Class Period. Your payment from the Settlement Fund under the Allocation Plan approved by the Court will be based in part on the information presented in this Claim Form unless you dispute it no later than **June 16, 2025**, using the process discussed below in Step 2.

**Please follow the steps herein to review and submit this Claim Form.**

Some companies or people may offer to help you file your Claim Form in exchange for a portion of your recovery from the Settlement. Sometimes these companies make it seem like you must use them to file a Claim Form. While you may choose to use such companies or obtain assistance from someone, you should know that such companies can be expensive, and that you **do not** need to use such companies or pay someone else to file a claim in this case. You can file with the Settlement Administrator on your own, free of charge. Additionally, **you are entitled to contact the Settlement Administrator or Co-Lead Class Counsel for assistance with understanding and filing your Claim Form at no cost to you.**

## STEP 1: REVIEW YOUR PAYMENT INFORMATION

The amount of your qualifying Event Compensation during the Class Period and qualifying Number of Bouts Fought during the Class Period as provided to the Settlement Administrator by the UFC are listed below. The records provided by the UFC indicate that your total qualifying Event Compensation and qualifying Number of Bouts Fought during the Class Period (December 16, 2010, through June 30, 2017) were as follows:

Your Qualifying Event Compensation was:

\$[ ]  
(Event Compensation Amount)

Your Qualifying Number of Bouts Fought was:

[ ]  
(Number of Bouts Fought)

**You may view the information detailing these figures by using your unique login information for the web portal as described in Step 4 below.** Your Settlement distribution under the Plan of Allocation approved by the Court will be based mainly on this information (if you do not provide corrected or supplemental information using the procedure described below in Step 2).

**If you agree with this information, please proceed to Step 3.** By accepting the pre-printed information of your qualifying Event Compensation and qualifying Number of Bouts Fought during the Class Period as provided above, you will waive the right to challenge the Settlement Administrator's determination regarding your *pro rata* distribution amount on the grounds that the distribution amount would have been different had it been calculated using your own or different records.

**If you do not agree with the qualifying information above or the information is incomplete in some important way, and you wish to provide corrected or supplemental information, proceed to Step 2.**

## STEP 2: CORRECT YOUR INFORMATION

**(You may skip this step if you agree with the compensation and bout information provided in Step 1)**

If you do not agree with the qualifying Event Compensation and Number of Bouts Fought information listed in Step 1 or the personalized information is incomplete or incorrect in some important way, please indicate so here and complete the information requested below.

**I disagree with the qualifying Event Compensation and Number of Bouts Fought information above and wish to correct or supplement it. Based on the documentation I am providing, the correct qualifying Event Compensation and Number of Bouts Fought should be as follows:**

<b>Event Compensation:</b>	\$ _____ .
<b>Number of Bouts Fought:</b>	_____

You must provide documentation to support your claim that a different Event Compensation or Number of Bouts Fought data should apply. You may submit such documentation online at [www.UFCFighterClassAction.com](http://www.UFCFighterClassAction.com). You will need your Claimant ID to do so. Alternatively, you can mail this form and your supporting documentation to:

UFC Fighter Class Action Administrator  
 c/o Angeion Group, LLC  
 1650 Arch Street, Suite 2210  
 Philadelphia, PA 19103

If you do not supply supporting documentation, the Event Compensation and Number of Bouts Fought as listed in Step 1 will be used to determine your distribution from the Settlement under the Plan of Allocation Approved by the Court.

The Settlement Administrator will review your corrected qualifying information. If validated and approved by the Settlement Administrator, your *pro-rata* distribution from the Settlement will be based on the corrected total Event Compensation and Number of Bouts Fought information you provide.

### STEP 3: COMPLETE YOUR CLAIMANT INFORMATION

If the name and address pre-printed on this Claim Form is correct,  
please check this box and proceed to Step 4:

Please provide any changes or additions to the above name and address information below:

**Claimant's Name:**

**Address:**

**City, State/Province:**

**Zip Code/Postal, Country:**

**Daytime Phone Number:**

**Mobile Phone Number:**

**Email Address:**

### STEP 4: COMPLETE YOUR TAX INFORMATION

To determine the amount of any distribution for a valid and timely submitted claim, the Settlement Administrator requires certain tax as described below:

- For United States Citizens or residents:

Please include with your Claim Form a completed IRS Form W-9. Instructions and copies of IRS Form W-9 can be found at: <https://www.irs.gov/forms-pubs/about-form-w-9>.

- For Non-United States Citizens or non-residents:

Please include with your Claim Form a completed IRS Form W-8 BEN. Instructions and copies of IRS Form W-8BEN can be found at: <https://www.irs.gov/forms-pubs/about-form-w-8-ben>.

Please note that if you submit your Claim Form using the web portal ([www.UFCFighterClassAction.com](http://www.UFCFighterClassAction.com)) and your unique login information as provided in the following sentence, you will be able to obtain the appropriate IRS Form as part of that Claim Form submission process. Your unique login information is:

**Notice ID: <<NOTICE ID NUMBER>> Confirmation Code: <<CONFIRMATION CODE>>**

If you fail to include the applicable IRS Form, as instructed above, your Claim Form may be deemed invalid or the amount of your distribution may be subject to tax withholdings.

**QUESTIONS? CALL 1-866-955-5564 TOLL FREE OR VISIT [WWW.UFCFIGHTERCLASSACTION.COM](http://WWW.UFCFIGHTERCLASSACTION.COM)**

## STEP 5: COMPLETE YOUR VERIFICATION AND ATTESTATION

By signing below, you verify and attest that the information you submit to the Settlement Administrator as part of this Claim Form and the Claim process is accurate and complete. **You must sign below for the Claim Form to be valid.**

Date: _____	(Month, Day, Year)
At: _____	(City) _____ (State or Province/Country) _____
(Sign your name here) _____ (Type/Print your name here) _____	

## STEP 6: SUBMIT YOUR CLAIM FORM

Mail your completed Claim Form and accompanying documentation (which the Settlement Administrator must **receive by June 16, 2025**, to:

UFC Fighter Class Action Administrator  
c/o Angeion Group, LLC  
1650 Arch Street, Suite 2210  
Philadelphia, PA 19103

Alternatively, you may choose either to upload this completed Claim Form to the settlement website using the instructions on the website at [www.UFCFighterClassAction.com](http://www.UFCFighterClassAction.com), or email the completed Claim Form (including the form regarding your tax status from Step 4 above and any supporting documents used for Step 3 above) to the Settlement Administrator at the following email address: [Info@UFCFighterClassAction.com](mailto:Info@UFCFighterClassAction.com).

Whether you mail, upload to the website, or email your Claim Form, you must submit the Claim Form so that it is **received** by the Settlement Administrator **by June 16, 2025**.

**\*\*\* YOUR CLAIM FORM MUST BE RECEIVED BY JUNE 16, 2025 \*\*\***

**PLEASE DIRECT ANY QUESTIONS ABOUT THIS CLAIM FORM TO THE SETTLEMENT ADMINISTRATOR USING ONE OF THE FOLLOWING OPTIONS:**

- Call the toll-free number: **1-866-955-5564**
- Write to: **UFC Fighter Class Action Administrator, c/o Angeion Group, LLC, 1650 Arch Street, Suite 2210, Philadelphia, PA 19103**
- Email to: [Info@UFCFighterClassAction.com](mailto:Info@UFCFighterClassAction.com)

**ACCURATE PROCESSING OF CLAIMS MAY TAKE SIGNIFICANT TIME IN PART BECAUSE ALL CLAIM FORMS MUST BE RECEIVED AND PROCESSED BEFORE ANY FUNDS CAN BE DISTRIBUTED TO ANY CLAIMANTS.**

**THANK YOU IN ADVANCE FOR YOUR PATIENCE.**